[[TITLE:LAB-RELEASE NOTES 4.61
[:NUMBER:SET=1
[:FRAME:
[[SEARCH:SPECIAL CONCERNS
[:K:Special Concerns
[[SEARCH:DIFFERENCES FROM PREVIOUS
[:K:Differences from Previous Software Release

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RELEASE NOTES: CHCS-4.61 - LAB

This release contains changes to existing software resulting from SIRs and the following UDFs: IPDWC Interface to COMED Anatomic Pathology (LAB 091080), Change in QCR Option (LAB 091701), SNOMED Code Inactivation (LAB 091061), Enhancements to Critical Results Report (LAB 091650), Lab Result Turn-Around Time Report (LAB 091301), Store Supervisory Review (LAB 091350), Modify TAR Enhancements (LAB 100900), Lab Interface - DII/LSI Replacement (LAB 100951), DBSS Data to DEERS (LAB 093001) and Lab Changes to Support Host Platform Name (LAB 091076).

Release notes are included in the OLUM and transmitted via separate messages by system or subsystem for each software version.

1. SPECIAL CONCERNS

Site Operations Personnel: Be sure to read the CHCS Installation Guide for any further software installation concerns.

2. DIFFERENCES FROM PREVIOUS SOFTWARE

IPDWC Interface to COMED Anatomic Pathology (UDF 091080)

A COTS product is being deployed to replace the Anatomic Pathology (AP) software on CHCS. The COTS system is called CoPath, supplied by a commercial vendor Dynamic Healthcare Technology, Inc. (DHTI, formerly CoMed), is interfaced to CHCS.

Once CoPath is activated, Laboratory users in the AP lab will use the new AP functionality to order, accession and result AP tests. Orders for AP test may be placed on CHCS and on CoPath. All order accessioning and resulting will be done on the CoPath system.

The interface between CHCS and CoPath will pass HL7 messages to keep both databases updated. Through this message handling mechanism, AP orders placed on CHCS will be transmitted to CoPath. Accessioned orders and results will be transmitted from CoPath to CHCS for reporting through

CHCS patient and laboratory reports.

The previous release of the CHCS/CoPath Interface allowed only one AP lab per site to be interfaced to CoPath. In this software release, the CHCS Laboratory software has been modified to allow multiple accession areas and lab tests associated with multiple divisions on CHCS to be mapped to corresponding specimen Prefix/Case Type Identifiers on CoPath. These unique identifiers are used on CoPath to assign unique accession numbers.

Because orders can be placed on CoPath, it is important to be able to distinguish between similarly name CHCS Hospital Locations and MEPRS Codes displayed on CoPath. In this release, additional identifying information for CHCS Hospital Locations and MEPRS Code will display on the CoPath system. This will allow users to select between similarly named locations across divisions for proper assignment to an order. The two files will be downloaded from CHCS to CoPath during the software installation.

Result management options have been enhanced to allow inclusion of CoPath generated anatomic pathology accessions. Use of these options permits tracking of accessions between CHCS and CoPath for the identification of possible problems during message transmission.

Users:

File and table build in the AP Interface Map file, the Lab Accession file and the Lab Test file must be performed by the lab user who currently maintains lab files. This user must hold the LRPOWER and the LRSUPER security keys.

Downloading master files from CHCS to the CoPath System must be performed by users who have the # FileMan programmer access. These users are usually site managers and software specialists.

IPDWC I/F COMED AP File and Table Build Considerations:

1. AP Interface Map file (#8702.2)

The AP Interface map file is a new file which maps CoPath prefixes and case type to CHCS anatomic pathology subscripts. CoPath prefix and case types will not be standardized among all the sites. The standard set of CoPath prefixes will be preceded by site designators in order to distinguish among prefixes between labs on a CoPath machine. A new file has been created on CHCS to map CoPath prefix and case types to accession areas and lab tests. The site will work with DHTI to configure CoPath prefixes and case types for each AP Lab.

Enter each prefix and case type designated for all AP labs at the site into this file. Entries will subsequently be assigned to

the CHCS Accession Area and Lab Test files to complete the manual mapping process.

The System Management menu has the following three new menu options for maintaining the AP Interface Map file.

```
APE     AP Interface Map File Add/Edit
APQ     AP Interface Map File Inquiry
APW     AP Interface Map File Print

APE     AP Interface Map File Add/Edit
```

A standard set of entries has been installed with the file. You may edit the standard entries listed below or add new entries to match your site's CoPath prefixes and case types. The file is site controlled; entries may be added, edited or deleted.

Standard Entries for the AP Interface Map File:

CoPath Prefix	CHCS AP Subscript	CoPath Case Type	Description
A	AUTOPSY	R	Routine
B	BONE MARROW	B	Bone Marrow Case Type
CG	CYTOLOLOGY GYN	G	Gynecological Case Type
CN	CYTOLOGY NON-GYN	N	Cytology Non-Gynecological
		F	Cytology Fine Needle Aspirate
S	SURGICAL PATHOLOGY	R	Surgical Routine
		CO	Surgical Consult
		SP	Special Procedure Only

The field, "Select CoPath Prefix" is used to enter and edit an existing CoPath prefix or enter a new one. The entry in this field will be used to map to CHCS accession areas and anatomic pathology lab tests. The entry must be entered EXACTLY as displayed on CoPath.

The field, "CHCS AP Subscript" is used to enter the subscript which corresponds to the CoPath Prefix. The subscripts Autopsy, Bone Marrow, Cytology Gyn, Cytology Non-Gyn and Surgical Pathology comprise the Anatomic Pathology test group. Valid entries include:

AUTOPSY corresponds to the A CoPath Prefix
BONE MARROW corresponds to the B CoPath Prefix
CYTOLOGY GYN for the CG CoPath Prefix
CYTOLOGY NON-GYN for the CN CoPath Prefix
SURGICAL PATHOLOGY for the S CoPath Prefix

The field, "CoPath Case Type", is used to enter the name of the CoPath Case Type that is associated with the CoPath Prefix entered. Multiple CoPath Case Types can be entered for a Prefix. CoPath Prefix and Case Type are configured by CoMed and can be found in the accessioning module for each CoPath department (Surgical Pathology, Cytology, and Autopsy). Entries will be used for mapping to CHCS accession areas and Anatomic Pathology lab tests and must be entered EXACTLY as displayed on CoPath. Entries can be added, deleted, or edited.

The field, "Description" is used to enter a description of the Copath Case Type. This is a free-text field which allows 3-30 characters. This is not a required field.

AP Interface Map File Inquiry (APQ)

This is a new option which allows you to display or print information from the AP Interface Map file. Information includes the Copath Prefix, CoPath Case Types, Description of Case Types and the CHCS Anatomic Pathology Subscript.

AP Interface Map File Print (APW)

This is a new option which allows you to display or print information from the AP Interface Map file. Information includes the CoPath Prefix, Copath Case Types, Description of Case Types and the CHCS anatomic pathology subscript.

2. Accession Area File (#68) Changes

The lab user will create new accession areas, or edit existing accession areas to correspond to the CoPath prefixes. A new filed has been added to the CHCS Accession Area file to enter the CoPath prefix. An accession area will be created for each CoPath prefix that requires a separate sequential number system, corresponding to the number wheels on Copath. This release will provide the capability to change the accession area assigned to a lab test. This feature will accommodate sites that wish to use year-specific abbreviations for CHCS accession areas that cannot be used from year to year.

Accession Area Add/Edit (AAE)

A new field has been added to the Accession Area file. This field, "CoPath Prefix", is used to enter the CoPath Prefix for an accession area which has the same CHCS subscript associated with the CoPath Prefix. The CoPath Prefix entered here maintains the CoPath numbering scheme on CHCS.

- Acceptable entries are based on prefix names used on CoPath and entered in the AP Interface Map file.

- A CoPath Prefix can only be entered for an Accession Area which has the same CHCS subscript associated with the Copath Prefix.

- Only one CoPath Prefix can be entered in one accession area at a time. If you attempt to enter a CoPath prefix that is already assigned to another accession area, the system displays the message, "The CoPath Prefix entered is assigned to [Accession Area Name]."

Accession Area Inquiry Option (AAI)

The new field, "CoPath Prefix", displays in the Accession Area Inquiry option.

Accession Area Print Option (AAP)

The new field, "CoPath Prefix", displays in the Accession Area Print option.

3. Lab Test File (#60) Changes

The lab user will also create lab tests or edit existing lab tests with an AP subscript on CHCS. Different from the previous version of the CHCS/CoPath interface is the capability to define site-designated AP lab test names.

One or more accession areas can be assigned to a lab test. When assigning each accession area to a CHCS AP test, the user will enter a CoPath case type to associate with the accession area. The user can assign multiple case types to the same lab test within an accession area.

Lab Test Add/Edit (LTE)

A new field, "Copath Case Type", has been added to the Lab Test file. Assigning accession areas with designated CoPath prefixes to CHCS lab tests will map lab tests between the two systems. Acceptable entries will be free-text based on case types defined for the CoPath Prefix in the AP Interface Map file. The entry in the CoPath Prefix in the AP Interface Map file. The entry in the CoPath

Case Type field can only be made after an entry in the Accession Area. This field will only display in the accession area entered contains a CoPath Prefix.

A CoPath Case Type and Accession Area can only be assigned to a single lab test. If a CoPath Case Type and Accession Area are already assigned to a lab test, the system displays the following message: "The CoPath Case Type and Accession Area are assigned to [Lab Test Name]."

Lab Test Worksheet Option (LTW)

The CoPath Case Type field displays in the Lab Test Worksheet option.

Lab Test Parameters Print Option (LTP)

The CoPath Case Type field displays in the Lab Test Parameters Print option.

4. Lab Accession Area Map File (#8701) Changes

The previous CHCS design permitted mapping of five specific test names to specific accession areas on CHCS through the Lab Accession Area Map file (#8701). Once entered, the entries are not editable by the users.

Design changes for mapping multiple tests to multiple accession areas will eliminate the need for the Lab Accession Area Map file on CHCS.

IMPORTANT: Because the file is being eliminated, any sites using the bidirectional interface will have to do file and table build for the AP Interface Map file after the enhancement for Multiple Performing Labs is entered, EVEN if it is not a Multiple Performing Labs site.

Specimen Processing:

Currently, all specimen accessioning and processing is done on CoPath. Anatomic Pathology orders may be placed on either CHCS or CoPath. An order placed on CHCS is transmitted using HL7 messages to CoPath where it becomes available for accessioning. orders may be originated on CoPath by accessioning the specimen on CoPath.

Once the specimen is accessioned on CoPath, an HL7 message containing order, specimen and accession information is transmitted to CHCS. The CoPath Prefix and Case Type contained in the HL7 message is used to map the specimen number to a CHCS lab test and accession area. This part of the interface software process relies on complete and accurate file and

table build on CHCS. If the interface software cannot map the CoPath accession or result, the HL7 message will generate an exception in the interface error log. The data in the HL7 message will not file on CHCS.

Accession File (#66) Changes

The CoPath specimen number is used to format the CHCS accession number. The specimen information is stored in the Accession file on CHCS. The CoPath Specimen Number (eg, AS97-100) is displayed in a difference format on CHCS (eg, 970301) AS 100). The CoPath Specimen Number and its Prefix cannot be changed, but the CHCS accession area assigned to a lab test may now be changed as part of the enhancement to the interface.

A new field, COPATH SPECIMEN NUMBER, will be added to the Accession file. The CoPath format of the Copath Specimen Number will be stored in the new field in the CHCS Accession file. This field is used as an additional identifier for the accession in the event that the accession area for a prefix has been changed and a case with the old accession number needs to be amended. No user interaction is required.

A conversion will run at sites that have been using the bidirectional CHCS/CoPath interface to populate this field for accessions generated prior to installation of the software for the Multiple Performing Labs enhancement.

Functionality Flow for Specimen Processing

1. An order for an Anatomic Pathology test is placed.

   Order on CHCS: The user orders the AP test on CHCS using the EMO option or the ROE option on the Clinical Menu.

   The order is transmitted to CoPath using HL7 messaging where it will be available for accessioning.

   Order on CoPath: The user orders the AP test and accessions the AP test on CoPath.

2. Assigning a CHCS accession number to a CoPath Specimen will be performed as a background process on CHCS without user interaction after all file/table build for the mapping process has been completed.

3. The new field, COPATH SPECIMEN NUMBER, will be populated in the Accession file to store the CoPath specimen number. This is an uneditable field. A FileMan inquiry may be performed to

recover the CoPath Specimen Number. In the event that the accession area has been changed, and an AP test has been amended, the CoPath Specimen Number will be utilized to locate the correct accession.

4. The CoPath Specimen Number will not display as a separate field on any CHCS screen or reports. It will display as part of the reports that provide patient results, e.g., Patient Lab Inquiry (PLI), Doctors Cumulative Report (DRC), Daily Cumulative Report (DCR), and the Patient Episode Cumulative Report (PEC).

5. The CoPath HL7 message HL AP LOGIN/RESULT - IN must contain the CoPath Prefix and Case Type. The prefix is part of the CoPath specimen number and is already included in the OBR segment in Sequence 20. The case type will be transmitted in the HL7 message using the OBR-4 sequence.

6. The CoPath accession message will be rejected and logged as an exception if CHCS cannot link the CoPath Prefix and Case Type to a valid CHCS lab test and accession area.

Reporting Options:

Patient results are available through CHCS inquiry and reporting options. With this release, you are now able to access Copath AP accessions and results through CHCS lab reporting options. Using these options permits you to track accessions between CHCS and CoPath to identify possible problems during message transmission.

1. Certified CoPath accessions are available through the following CHCS Result Entry Support Menu options:

ALG	Activity Master Log
OPR	Overdue Procedure Report
PLL	Pending List
SLG	Specimen Master Log
LSR	Lab Status Report

2. CoPath accessions are available through the following CHCS Results Reporting Menu options:

APR Anatomic Pathology Reports

AU	Autopsy Report
BM	Bone Marrow Report
CG	Cytology Gyn Report
CN	Cytology Non-Gyn Report
SP	Surgical Pathology Report

3. CoPath accessions are available through the following CHCS Results Entry Menu options:

RRA	Review Results by Accession
WDM	Work Document Menu
GWD	Generate a Work Document
MWD	Manually Create a Work Document
MOD	Modify a Work Document
PWD	Print a Work Document

4. Copath accessions are available through the following CHCS Specimen Processing Menu:

ALL	Print Entire AP Specimen Log-In Doc't for 1 Day

Master Files:

To use the system for multiple performing laboratories, CHCS hospital locations must be appropriately and uniquely identified on CoPath. This requires that CHCS Hospital Location and MEPRS Codes master file notifications contain sufficient information for subsequent display on CoPath. Because orders can be placed on CoPath, users must be able to distinguish between similarly named locations across divisions to properly assign to an order. New entries and updates to existing entries are automatically transmitted to CoPath as they occur on CHCS after the one-time initial download.

The following lists the names of CHCS Master Files to be downloaded to CoPath and the corresponding dictionary on CoPath:

CHCS File	CoPath Dictionary
User	Employee/User
Provider	Attending Physician
Hospital Location	Location or Floor
MEPRS Code	Service Department

1. Master files are transmitted via HL7 messages.

2. Sites accessing the CHCS/CoPath interface for the first time must do an initial download of the four master files. For sites that have already downloaded master files prior to installing the Multiple Performing labs enhancement, the Hospital Location and MEPRS Code files must be downloaded again. Additional fields will display during specimen accessioning on CoPath for these two files to allow proper selection among similar entries.

Entries in the Location or Floor file on Copath will now display the following fields for CHCS Hospital Locations:

Hospital Location Name	first 15 characters
Division of Hospital Location	first 10 characters
MEPRS Code for the Hospital Location	4 characters

The fields will be separated by a forward slash (/). For example:

CARDIOLOGY CLIN/A DIVISION/BABA

Entries in the Service Department dictionary on CoPath will now display the following fields for CHCS MEPRS Codes separated for a forward slash:

MEPRS Code	4 characters
Description field for MEPRS Code	first 26 characters

For example, a MEPRS Code entry on CoPath during specimen accessioning will display:

AAAA/INTERNAL MEDICINE

3. Download of master files from CHCS to CoPath must be complete before the bi-directional interface is activated for specimen processing.

4. Updates to master files on CHCS are transmitted to Copath as they occur. This process ensures the synchronization of the files.

Change in QCR Option (LAB 091701)

The system now allows you to sort the Quality Control Report by quality control within a lab section. The system prompts you first for a lab section and then for one or more quality control names.

SNOMED Code Inactivation (LAB 091061)

The Enter/Review/Certify Results by Accession option has been modified to accommodate the changes to the SNOMED autoencoding inactivation functionality. SNOMED codes now may be automatically coded when entering results, depending upon the entry in the SNOMED Autoencoding field in the Lab Work Element file. If the SNOMED Autoencoding field is set to ACTIVE, SNOMED codes are automatically coded during result entry. If the SNOMED Autoencoding field is set to INACTIVE, SNOMED codes may be manually entered during result entry.

This functionality only applies to sites using CHCS Anatomic

Pathology.

Enhancements to Critical Results Report (LAB 091650)

Currently, the laboratory system provides a Critical Results Report as as sub-option of the LAB Abnormal, Critical and Delta Result Report (ACR) option. Critical and abnormal results reported via the ACR option are test results which fall outside of specified ranges (numeric tests) or are separately designated (set of codes tests) by a qualified lab user. A new option, Abnormal/Critical Results by Test Report (ACT), has been added to allow the user to select either abnormal or critical results by test, for review. The report sorts by the user's current Work Element.

Lab Result Turn-Around Time Report (LAB 091301)

A new option, Results Turnaround Time Report (TAT), has been added to allow the user to generate a report that displays the elapsed turnaround time of a lab test. Turnaround time is defined as the elapsed time from the time a lab test is logged-in to the time the result is certified. The user may request the report by accession area or by specific accession number.

Store Supervisory Review (LAB 091350)

A new option, Supervisory Review Enter/Edit (SRE), has been added to allow you to document online that patient test results have been reviewed.

A new option, Supervisory Review Print (SRP), has been added to allow you to print a report that displays the supervisor's documentation of reviewed test results by accession area(s) on the date of the Specimen Master Log.

Modify TAR Enhancements (LAB 100900)

The Transfer Auto Instrument Results (TAR) option has been modified to allow users to review and edit lab results. A prompt displays allowing the users to edit, file or certify the results.
If the edit option is selected, the users may review and edit the results and add comments.

Lab Interface - DII/LSI Replacement (LAB 100950)

The Check Interface Device (CID) option has been updated to provide capability to inquire into the current status of an instrument interfaced to DII.

The Start/Stop Auto Instrument Data Collection (SSD) option has been updated to provide capability to start and stop instrument interfaces

using the DII product.

Instrument Error Handling and Test Result Display Enhancements:

When DII is initially activated or a new instrument is interfaced to CHCS and that instrument does not exist in the Auto Instrument file, the following sequence of events occurs:

1. DII provides the instrument error data for building of the DII Error Initialization file.

2. The CHCS Laboratory Manager or authorized Lab user adds the new instrument name to the Auto Instrument file. Upon entry of the instrument name in the Auto Instrument file, all of the errors are copied from the DII Error Initialization file to the Error Message multiple in the Auto Instrument file.

3. The instrument errors copied into the Auto Instrument file have the default entry of "DISPLAY ERROR/DO NOT FILE RESULT". The CHCS Laboratory System Manager or other authorized user can change the default entry at their discretion.

The purpose of the DII Error Initialization file is to minimize the instrument error resolution a Lab system user must perform manually. This file is only used when a new instrument is interfaced to CHCS or when a new version of the instruments software requires updates to the file.

A new e-mail bulletin will be created that will list any new instrument errors, not found in the Auto Instrument file, for tracking purposes and to provide lab management with a tool to determine which errors need to be addressed. The bulletin is sent to the Lab System Manager or designated user whenever an instrument error is encountered.

The Auto Instrument Inquiry option now includes information specific to the DII. Added information includes the DII instrument name, error codes, error actions and user-definable error messages.

The Lab System Interface Inquiry option now includes information specific to the DII. Information includes the DII Inbound process, DII Outbound process, and DII error mail group.

The DII Error Initialization Inquiry option is a new option which allows you to display the error codes and error text associated with each auto instrument as defined in the DII Error Initialization file.

The Auto Instrument Print option now prints information specific to DII. Added information includes the DII instrument name, error codes, error actions and user-definable error messages.

The DII Error Initialization File Print option is a new option which allows you to print or display the error codes and error text associated with each auto instrument as defined in the DII Error Initialization file.

Store DBSS Patient Blood Type (LAB 092301)

When DBSS blood bank results are transmitted to CHCS, laboratory software extracts results for the ABO/Rh test from the HL7 message. The ABO/Rh result is stored in the Lab Result file. CHCS retrieves the patient blood type from the DBSS ABO/Rh result message and stores it in the Patient file.

If there is a discrepancy between the current blood type stored in the Patient file and the new blood type, Laboratory software triggers a mail bulletin to users designated as recipients in the Lab Host Platform Parameters file. If the data cannot be stored in the Patient file, Laboratory software triggers a mail bulletin indicating the problem to the same users identified to receive the discrepancy bulletin.

DBSS Data to DEERS (LAB 093001)

The DBSS Data to DEERS project includes the ability to enter a patient's blood type into the CHCS database. You have the capability of ordering, resulting and reporting an ABO/RH test on CHCS. The data as well as the source of data, whether entered on CHCS or DBSS, is stored in the CHCS Patient file if no data previously received from the Defense Blood Standard System (DBSS) is on file. A bulletin is sent to designated recipients if there is a discrepancy in Blood Type data from one result entry to another.

Additionally, Blood Type data and the source of the data is transmitted to the Defense Enrollment Eligibility Reporting System (DEERS) from the CHCS Patient file.

Lab Changes to Support Host Platform Name (LAB 091076)

A new option, Lab Host Platform Parameters Edit (LHP), allows you to edit information in the Lab Host Platform Parameters file. This information includes the names of sensitive results points of contact (POCs), CHCS blood test type name, and blood type bulletin recipients. The Lab Host Platform Parameters file has replaced the Lab MTF file.

A new option, Lab Host Platform Parameters Inquiry (HPI), has been added to allow you to display or print information in the Lab Host Platform Parameters file. This information includes sensitive results POCs, CHCS blood test type name, and blood type bulletin recipients.

LPI Patient Inquiry Menu
[[SEARCH:Patient Lab Inquiry

[:K:Patient Lab Inquiry

PLI Patient Lab Inquiry

The system no longer generates an error message when you enter a question mark (?) or double question mark (??) at the "Select Patient" prompt. (SIR 21866) (SCC 950400643)

Lab orders which have not been accessioned and have a status of "Ward Collect" are now correctly discontinued and no longer display in PLI with a status of "Unacknowledged." (SIR 17323) (SCC 930700293)

The system no longer intermittently displays a row of equal signs on the screen. (SIR 24214) (SCC 960200682)

The routine which allows printing from PLI has been modified to comply with software standards. (SIR 26364)

Previously, when viewing test results in PLI using the short format, the system was not displaying or printing the test name if the test name was five characters and the result code was either 28 or 29 characters. When using the long format, the system was not displaying or printing the test name if the test name was five characters and the result code was longer than seven characters. The system now prints the test name, along with the result code. (SIR 18867)

Previously, if no collection time was entered for CoPath Anatomic Pathology accessions, the system displayed "0000" as the collection time in the PLI. The system now only displays the date for the accession. (SIR 23753) (SCC 960993753)

Previously, if the collection date/time for a Chemistry or Microbiology accession was modified using the Modify an Accessioned Order (MAO) option, the new collection date/time incorrectly displayed for the discontinued order. The system now prints the correct collection date/time for the discontinued order. In addition, for an Anatomic Pathology accession, the original collection date/time incorrectly displays for the modified accession. The system now prints the correct collection date/time for the accession. (SIR 26058) (SCC 961296058)

Previously, when a Common Result for a test was defined for one division, but not for others, the Common Result did not display in PLI except when the user was logged into the same division where the Common Result was entered. The system now displays the Common Result regardless of what division the user is signed onto. (SIR 26967) (SCC 970800288)

Previously, when results when transmitted from DBSS for a blood bank test, CHCS in some instances, associated the result with the wrong test. The system did not display the blood bank test result for the associated test in PLI. The test remains on CHCS with a PENDING status. The system now checks to ensure that results coming from DBSS are filed only against the tests that are in the accessioned order. (SIR 25454)

Previously, when the collection date/time and/or arrival date/time of a pending accession was edited more than once, using the Modify an Accessioned Order (MAO) option, the system lab status incorrectly displayed as DISCONTINUED in PLI. The correct lab status now displays in PLI. (SIR 26986)

All Intermediate Certified microbiology test results for non-laboratory users now displays in PLI. (SIR 27653) (SCC 980297653)

LPI Patient Inquiry Menu
[[SEARCH:Lab Test Information
[:K:Lab Test Information

LTI Lab Test Information

Previously, when displaying information in the Lab Test file, the system only displayed the first 53 characters of the Special Handling field, although this field allows for 75 characters to be entered. The system now displays all 75 characters. (SIR 25230) (SCC 960600225)

The system now displays the cost of the lab test when displaying information in the Lab Test file. (SCR 26668) (SCC 970500367)

LSP Specimen Processing Menu
[[SEARCH:Enter/Maintain Lab Orders
[:K:Enter/Maintain Lab Orders

EMO Enter/Maintain Lab Orders

Previously, when the user entered a lab order and the lab test is designated for approval, the system displayed the prompt, "Approval requested from". If the user entered a double question mark (??) to perform a lookup, the system would take an excessive amount of time to perform the lookup. The system now performs the lookup more quickly. (SIR 22156) (SCC 960900695)

The system now creates a new HL7 message for those accessions that have been modified instead of a replacement message. (SIR 25445)

(SCC 960895445)

Previously, when two of the same AP tests were ordered on CHCS for a patient on the same day, with the same collection date and time, results were only filed for one accession when results were transmitted from CoPath. The second accession remained in a pending status even though results had been transmitted from CoPath. The system now processes more than one accession for the same type of test on the same day. (SIR 25335) (SCC 960600710)

LSP Specimen Processing Menu
[[SEARCH:Log-in Samples from Lab Orders
[:K:Log-in Samples from Lab Orders
LGO Log-in Samples from Lab Orders

The system no longer displays the warning message, "Anatomic Pathology Orders Must be Accessed Through CoPath" when attempting to log in non AP specimens. (SIR 24637) (SCC 960500641)

Previously, when logging in blood bank accessions, the HL7 message was sent to DBSS regardless of the status of the accession. Accessions which have a status of Transmit or are in a Pending Pathologist Approval status should not be indicated as "available" on DBSS when the specimen is not actually physically present in the blood bank laboratory. For those accessions that have a status of Transmit, the system generates an HL7 message when the Transmittal List is logged in by the receiving Lab and the accession is in a Pending status. For those accessions that are waiting for pathologist approval, the HL7 message is generated when the accession is in a path approve status. (This SIR also affects the following option:

GTL Generate Transmittal List.) (SIR 25413) (SCC 960895413)

Previously, the system displayed different values for the Collection Date/Time field in the Order file and Accession file for autopsy accessions. The system now displays the same value in both files. (SIR 25388) (SCC 960995388)

Previously, if a user accessioned an order (Order 2) using this option, and a previous order (Order 1) existed, the order comment from Order 1 printed on the label of Order 2. The correct order comment now prints on the correct label. (SIR 27577) (SCC 970300617)

LSP Specimen Processing Menu
[[SEARCH:Add a Test to an Accession
[:K:Add a Test to an Accession
ATA Add a Test to an Accession

A required comment may now be entered for those tests which are

added to an accession. (SIR 23644)

A system error no longer occurs when a user attempts to add a test to a Quality Control accession number. The system displays the message, "Adding a test to a QUALITY CONTROL is not permitted." (SIR 25789)

Previously, when adding a test to an accession that is already on a collection list, the system incorrectly assigned a status of PENDING to the added test. The system now correctly assigns a status of COLL LIST to the added test. In addition, the system displayed an incorrect collection date/time for the added accession on the Patient Laboratory Inquiry (PLI). The system now displays the same collection date/time for the original accession and the added test. (SIR 23312) (SCC 960993312)

LSP Specimen Processing Menu
[[SEARCH:Manually Assign Accession Numbers
[:K:Manually Assign Accession Numbers
MAA Manually Assign Accession Numbers

The system now correctly checks for duplicate accession numbers when you override the system generated number by entering a different number. (SIR 22047)

LSP Specimen Processing Menu
[[SEARCH:Modify an Accessioned Order
[:K:Modify an Accessioned Order
MAO Modify an Accessioned Order

Previously, when the user attempted to change the Lab Arrival date/time or the collection date/time, the system would display numerous dots on the screen, while processing the order. The system now processes the order more quickly. (SIR 24512) (SCC 960794512)

Previously, when an accession for a Type and Screen had a status of Complete, and the test was changed to a Type and Cross, the Type and Cross test incorrectly retained the status of Complete. The system now correctly assigns a status of Intermediate for the Type and Cross test. (SIR 25411) (SCC 960895411)

LSP Specimen Processing Menu
[[SEARCH:Cancel an Accessioned Order
[:K:Cancel an Accessioned Order
CAO Cancel an Accessioned Order

Previously, the system would not allow the user to cancel an

accession
that was available for cancellation. The system displayed the message,
"CANCELLATION NOT PERMITTED. The accession is on a Collection List."
However, the accession was not on a collection list. The system no
longer prints this message for accessions available for cancellation.
(SIR 25209) (SCC 960500899)

A system error no longer occurs when cancelling an accession for a lab panel test which does not have an accession area assigned. (SIR 26764) (SCC 970600232)

CLM Collection List Menu
[[SEARCH:Generate Collection List
[:K:Generate Collection List
GCL Generate Collection List

Previously, the system was not counting the number of samples collected for the collection list when the Print Numbers field in the Lab Division file was set to NO. The system now displays the correct "Total Lab Collect" value. (This SIR also affects the following option:

LAG Auto Generate Collection List.) (SIR 23521)

CLM Collection List Menu
[[SEARCH:Auto Generate Collection List
[:K:Auto Generate Collection List
LAG Auto Generate Collection List

The system now allows users to access those accessions that are placed on a collection list batch using the Auto Generate Collection List option. (SIR 24768) (SCC 960301279)

Previously, the system was incorrectly including entries on the Collection List which had already been resulted and certified, causing a corrupted Collection List. The system now only includes valid entries on the Collection List. (SIR 23521)

TLM Transmittal List Menu
[[SEARCH:Delete or Cancel From Transmittal List
[:K:Delete or Cancel From Transmittal List
DCT Delete or Cancel From Transmittal List

Previously, if the user did not have the LRSENSLAB security key and
attempted to cancel an accession from an accession area designated

as "sensitive", the system would display an error message. The system now displays the message, "This is a sensitive accession area.
You do not have appropriate security to access it!" (SIR 25770) (SCC 960101133)

TLM Transmittal List Menu
[[SEARCH:Generate Transmittal List
[:K:Generate Transmittal List
GTL Generate Transmittal List

The system now displays the correct collection date/time on the Transmittal List. Previously, the system was incorrectly printing the system-generated Lab Arrival time as the collection date/time. The system now prints the collection date/time entered at log-in (or at order entry for an AP test). (This SIR also affects the following options:

MCT Manually Create a Transmittal List
PRT Print or Reprint Transmittal List
RTP Review Transmittal Pool.) (SIR 24431) (SCC 960101222)

TLM Transmittal List Menu
[[SEARCH:Transfer Accession Number
[:K:Transfer Accession Number
TAN Transfer Accession Number

The system now correctly prevents the user from resulting an accession for which the status is "Transmit" after it has been transferred. (SIR 15846) (SCC 920900508)

Previously, when transferring certified tests along with other uncertified tests belonging to the same accession, the certified test received a different accession number and showed a status of Pending. The system now retains the original accession number and the status of Certified for the certified test. (SIR 22056)

IIM Instrument and Interface Menu
[[SEARCH:Check Interface Device
[:K:Check Interface Device
CID Check Interface Device

The Check Interface Device option has been updated to allow sites that use the DII to use the Inquire option. The Inquire option displays the current status of all LSI data collection routines. (LAB UDF 100951)

IIM Instrument and Interface Menu
[[SEARCH:Start/Stop Auto Instrument Data Collection
[:K:Start/Stop Auto Instrument Data Collection

SSD Start/Stop Auto Instrument Data Collection

The Start/Stop Auto Instrument Data Collection option has been updated to support sites that use the DII. (LAB UDF 100951)

IIM Instrument and Interface Menu
[[SEARCH:Transfer Auto Instrument Results
[:K:Transfer Auto Instrument Results
TAR Transfer Auto Instrument Results

The Transfer Auto Instrument Results option has been modified to allow users to review and edit lab results. A prompt displays allowing the users to edit, file or certify the results. If the edit option is selected, the users may review and edit the results and add comments. (LAB UDF 100900)

When TARing results from the Microscan, you may now file the organism name if antibiotic results are not available or if valid interpretations are not defined. (SIR 23727) (SCC 961200053)

Previously, you could not generate work documents with four-digit batch numbers. You may not generate work documents with four-digit batch numbers. The help text for the work document options has also been updated. (This SIR also affects the following options:

GWD Generate a Work Document
MWD Manually Create a Work Document
ERW Result Entry by Work Document
CRW Certify Results by Work Document
BRE Batch Result Entry
UNL Unload a Work Document
PWD Print Work Document
MOD Modify a Work Document
BID Start/Stop Bi-directional Interface.) (SIR 14744) (SCC 980294744)

A system error no longer occurs for some Auto Instrument drivers when a secondary order is placed. (SIR 28046)

CLM Collection List Menu
[[SEARCH:Auto Generate Collection List/Labels
[:K:Auto Generate Collection List/Labels
LAG Auto Generate Collection List/Labels

Previously, when Auto Generate Collection List/Labels were queued and

the user reentered the option, a "-1" displayed instead of the time for which the list/labels were queued. The system now displays the time

for which the list/labels are queued. (SIR 24691)

REM Results Entry Menu
[[SEARCH:Amend Results
[:K:Amend Results
AMR Amend Results

Previously, a secondary test order to the wrong was added to the wrong accession when the following occurred: 1) test was ordered and logged in the lab and the results entered and certified. 2) the Nightly Task job rolled over the accession and freed it for reuse. 3) The accession number was assigned to a new patient with a new date prefix. 4) The original accession was amended through the AMR option. The new result entered caused a secondary test to be added to the accession. The Order Task for the new test contained the current accession instead of the amended accession. The system now assigns a new accession number to a secondary test order. (SIR 26824) (SCC 970700091)

REM Results Entry Menu
[[SEARCH:Enter/Review/Certify Results by Accession
[:K:Enter/Review/Certify Results by Accession
ERA Enter/Review/Certify Results by Accession

The Enter/Review/Certify Results by Accession option has been modified to accommodate the changes to the SNOMED autoencoding inactivation functionality. SNOMED codes now may be automatically coded when entering results, depending upon the entry in the SNOMED Autoencoding field in the Lab Work Element file. If the SNOMED Autoencoding field is set to ACTIVE, SNOMED codes are automatically coded during result entry. If the SNOMED Autoencoding field is set to INACTIVE, SNOMED codes may be manually entered during result entry. (LAB UDF 091061)

A system error no longer occurs when certifying Micro results and the patient's hospital location has been inactivated. (This SIR also affects the following options:

MST Micro Specimen Tally
ICR Infection Control Report.) (SIR 22155) (SCC 960600113)

When you enter \ after a result value to either change a lab method or CAP Code, the system now displays the abnormal result flag next to the result. (SIR 22546)

A system error no longer occurs when the first HIV test for a particular Work Element is resulted. (SIR 22078)

Previously, when common results were entered for tests, the numeric and free text tests used the common result as the test result for all reports, inquiry functions and result entry options. The set of codes tests expanded the common result to the value found in the description field of the Lab Division file for that common result. This was causing inconsistent result reporting. The system now uses the common result for test results. (SIR 24496)

The system now prompts for the required comment when a secondary test is ordered and requires a unique accession number. In addition, the system receives the required comment from the original order. (SIR 24614)

The Lab Result Input template has been recompiled to support changes to the Order Task file. (SIR 24854) (SCC 960694854)

Previously, when a test was ordered by an HCP with a provider class of "Outside Provider", and the test was resulted with a value that triggers a secondary order, the system displayed, "This is an Outside Provider. Please select another. Select Ordering/Authorizing HCP." The system now places the secondary order using the HCP who ordered the original test. (SIR 25858) (SCC 960900625)

Previously, when a microbiology accession was resulted, the system would capture the default CPT code for the first entry of the accession. If for the second entry, the backslash (/) command was used to change the default CPT code, the system was incorrectly collecting the new code, in addition to the default CPT code for the first entry.

The system now captures the CPT code for the first entry. (SIR 23898)

Previously, when resulting a microbiology accession, and an entry of "Intermediate" or "Final" was entered in the Result Type field, and no results were filed, the system was incorrectly changing the status of the accession from PENDING to CERTIFIED. Because these entries do not constitute a result, the status should not be changed. The system now displays the message "Results were not filed for accession (nnn)." The status of the accession remains as PENDING. (SIR 23520)

The system no longer prints an error message when you certify results for an HIV test for a patient that has been registered as a Non-Human. (This SIR also affects the following options:

RCA Certify Results by Accession
ERW Result Entry by Work Document
CRW Certify Results by Work Document
BRE Batch Result Entry.) (SIR 27381)

Previously, the system did not perform a delta check for a test that was not resulted in the same order as the collection time for its associated specimen. For example, when three blood glucose tests were drawn at 1 hour intervals, and the first and third tests were resulted, the system correctly performed the delta check. When the second blood glucose was resulted, the system did not perform a delta check. The system now performs a delta check regardless of the collection date/time sequence. (SIR 23453)

Previously, the system printed an error message if you entered "=?" when editing results. The system now displays the message, "The expression you have entered is invalid. More help is available by typing ??, when you enter "=?" during result entry. (SIR 26741)

Previously, if you entered a backward slash (\) after a result value to either change a Lab Method or a CAP Code, the system printed the abnormal result flag at the end of the Lab Method message, instead of next to the result. The system now correctly prints the abnormal result flag next to the result. (SIR 22546)

REM Results Entry Menu
[[SEARCH:Review Results by Accession
[:K:Review Results by Accession
RRA Review Results by Accession

The system now allows you to enter a caret (^) to exit a blood bank result report. (SIR 25567) (SCC 960801057)

REM Results Entry Menu
[[SEARCH:Certify Results by Accession
[:K:Certify Results by Accession
RCA Certify Results by Accession

The system no longer "freezes up" when a large range of accessions is entered for certification. (SIR 24678) (SCC 960200781)

REM Results Entry Menu
[[SEARCH:Result Entry by Work Document
[:K:Result Entry by Work Document
ERW Result Entry by Work Document

A system error no longer occurs when a user who does not have the LRSENSITIVE and LRSENSLAB security keys enters lab results on nonsensitive work documents that are contained in a sensitive accession area. (This SIR also affects the following options:

GWD Generate a Work Document
MWD Manually Create a Work Document
MOD Modify Work Document
PWD Print Work Document
RRP Review Run Processing Data
UNL Unload a Work Document
UWD Unlock a Work Document
ERW Result Entry by Work Document
CRW Certify Results by Work Document
BID Start/Stop BiDirectional Instrument
TAR Transfer Auto Instrument Results.) (SIR 17566)

The system no longer intermittently skips entries when entering results into a work document. (SIR 25433) (SCC 951200993)

REM Results Entry Menu
[[SEARCH:Certify Results by Work Document
[:K:Certify Results by Work Document
CRW Certify Results by Work Document

The system no longer inappropriately prints the message "No Lab Method has been defined/selected for this test. See your Lab Manager.", when you file results and use the CRW option to certify results by work document. (SIR 23941) (SCC 951200841)

The system no longer inappropriately prints the message "No Lab Method has been defined/selected for this test. See your Lab Manager.", when you file results for panels and use the CRW option to certify results by work document. (SIR 25791) (SCC 961000509)

REM Results Entry Menu
[[SEARCH:Quality Control Results Entry
[:K:Quality Control Results Entry
QCE Quality Control Results Entry

The system now allows you to enter quality control entries to a previously generated work document, if there is at least one patient

in the batch. Previously, the system deleted the work document if only quality controls were added. (SIR 23082) (SCC 950500325)

REM Results Entry Menu
[[SEARCH:Differential Keyboard Entry
[:K:Differential Keyboard Entry
DIF Differential Keyboard Entry

Previously, when results were entered and one of the tests on the keyboard was in a calculation for another test, the other test was calculated when no results were entered for the first test. The system now correctly calculates results for all tests. (SIR 25579) (SCC 9608010740)

Previously, when a CBC Panel that contains a hemogram and manual differential was ordered, and the hemogram was first resulted and certified, and the manual differential was then resulted and certified, the audit trail of the certifying user's initials and date/time stamp for the resulted hemogram was overwritten by the audit trail for the manual differential. The system now maintains the audit trail for both tests. (SIR 25700) (SCC 960900603)

Previously, when an additional test was resulted on a panel after the other tests on the panel had already been resulted, the system collected the default CPT codes twice for the test already resulted. This problem occurred when the additional test was resulted the same day as the required tests. The system now correctly collects the CPT codes for the required tests. (This SIR also affects the following options:

UA Urinalysis Keyboard Entry
OSO One Step Order and Result Entry
ERA Enter/Review/Certify Results by Accession.) (SIR 23795)

Previously, when a user entered the results of a Differential, the user could not file the results if the first test on the keyboard entry was null. The user was forced to quit the process thus losing the entered results. The system now allows the user to file the results if the first test on the keyboard entry is null. (SIR 27402)

WDM Work Document Menu
[[SEARCH:Generate a Work Document
[:K:Generate a Work Document
GWD Generate a Work Document

Previously, when the processing priority was modified using the Modify an Accession (MAO) option for an accession on a work document, the priority was not updated and the accession was not sorted properly on the Work Document. The system now assigns the correct processing priority for an accession on a work document. (SIR 23751) (SCC 951001079)

The system now generates work documents after the year 2000 when the Sort Order is "Priority." Previously, the system generated those work documents after the year 2000 only when the Sort Order was "Accession." (SIR 23187)

WDM Work Document Menu
[[SEARCH:Manually Create a Work Document
[:K:Manually Create a Work Document
MWD Manually Create a Work Document

Previously, the system displayed the Received Date/Time incorrectly for AP tests manually entered on a work document. The system incorrectly used the date/time the specimen was received in the lab. The system now uses the user-entered Lab Arrival Time. (SIR 24429) (SCC 960100765)

WDM Work Document Menu
[[SEARCH:Print Work Document
[:K:Print Work Document
PWD Print Work Document

The system now prints Work Documents to a device with a page length that is set to shorter than 16 lines. (SIR 24689) (SCC 960400394)

The system now prints Work Documents that have had a quality control added to them. (This SIR also affects the following option:

GWD Generate Work Document. (SIR 23082)

The system no longer displays the Print Name for a lab test on work documents that have a horizontal format. The system now correctly displays the Lab Print Name on a horizontal work document. (SIR 27030) (SCC 970800776)

RES Results Reporting Menu
[[SEARCH:Overdue Procedure Report
[:K:Overdue Procedure Report
OPR Overdue Procedure Report

The system now includes overdue CoPath Bone Marrow, Cytology Gyn, Cytology Non-Gyn and Surgical Pathology accessions, in addition to Copath Autopsy accessions, on the Overdue Procedure Report. (SIR 26384) (SCC 970496384)

RES Results Reporting Menu
[[SEARCH:Uncertified Result Report
[:K:Uncertified Result Report
URR Uncertified Result Report

Previously, if the expansion of a set of codes test was more than one word, the system would only print the last word of the expansion on the Uncertified Result Report. The system now prints the complete expansion on the report. (This SIR also affects the following option:

ALG Activity Master Log.) (SIR 24923)

RES Results Reporting Menu
[[SEARCH:Specimen Master Log
[:K:Specimen Master Log
SLG Specimen Master Log

The Specimen Master Log now prints lab tests whose name contains a comma. (This SIR also affects the following option:

ACR Abnormal, Critical and Delta Result Report.) (SIR 26177) (SCC 961200686

RES Results Reporting Menu
[[SEARCH:Archive Deferred AP Report
[:K:Archive Deferred AP Report
ADR Archive Deferred AP Report

The Archive Deferred AP Report now print the accessions in the correct order when the year changes from 1999 to 2000. (SIR 25656)

CRM Cumulative Report Menu
[[SEARCH:Interim Report
[:K:Interim Report
INT Interim Report

The system no longer prints an error message when printing the Interim Report by Physician for all physicians to a spool file. (SIR 24991) (SCC 960500053)

Previously, the system did not display/print the name of the lab location name in the report footer. The system now prints the name of the lab location in the report footer. (This SIR also affects the

following options:

DCR Daily Cumulative Report
DRC Doctors Cumulative Report
PCR Reprint the Cumulative
PEC Patient Episode Cumulative Report
CER Cumulative Exception Report.) (SIR 26074) (SCC 961001175)

CRM Cumulative Report Menu
[[SEARCH:Daily Cumulative Report
[:K:Daily Cumulative Report
DCR Daily Cumulative Report

A system error no longer occurs when a hematology accession is first transferred using the TAR option, and one of the transferred results is 0% (zero %), and then a manual differential is performed on the same accession using the DIF option. (SIR 24436) (SCC 960200848)

The system no longer prints the word "Comment" after the required comment for those headers that have been customized. For example,
"Required Comment:
LITHIUM Comment: Comment:
Draw in Early Morning".

This problem occurred for horizontal and vertical format types. (This SIR also affects the following options:

PEC Patient Episode Cumulative Report
DRC Doctors Cumulative Report.) (SIR 24836)

Previously, when two CoPath anatomic pathology accessions were ordered and resulted for a given patient, the data for the two accessions were printed multiple times and under each of the two AP accession numbers. The system now prints this information correctly. (This SIR also affects the following options:

DRC Doctors Cumulative Report
PEC Patient Episode Cumulative Report.) (SIR 26375) (SCC 970496375)

CRM Cumulative Report Menu
[[SEARCH:Doctors Cumulative Report
[:K:Doctors Cumulative Report
DRC Doctors Cumulative Report

Previously, the system printed an error message when an HCP first reviewed a patient's results in RNR (Review New Results). The HCP then printed these results and then accessed the Laboratory Main Menu from the RNR option. The HCP then cancelled this process
and accessed the Doctors Cumulative Report (DCR) option through

the
RNR Menu. The system printed the error message after the DCR option
was accessed. The system no longer prints an error message. (SIR 24888)

APR Anatomic Pathology Reports
[[SEARCH:Autopsy Report
[:K:Autopsy Report
AU Autopsy Report

Previously, when printing the Autopsy Report for certified results, by accession number, the system displayed the message, "The range entered contains accessions which must be accessed through CoPath. Please enter range that excludes the above accessions." This message only displayed every other time the user printed the report. The system now prints the Autopsy Report for certified results without displaying the message. (This SIR also affects the following option:

SP Surgical Pathology (Certified Results). (SIR 24897) (SCC 960300012)

A system error no longer occurs when printing a certified CoPath Autopsy Report. (SIR 26357) (SCC 970400140)

Previously, if AP reports were to print by Patient Location and there was only one report for a given AP subscript, the system did not print the report. In addition, if there were only two reports for a given AP subscript, the system only printed the second report. The system now prints all selected reports. (SIR 26778)

QCM Quality Control Menu
[[SEARCH:Levy-Jennings Chart
[:K:Levy-Jennings Chart
LJC Levy-Jennings Chart

A system error no longer occurs when a common result value is entered for a control, with the date for both Latest and Earliest equal to "T". This error always occurred when selecting a control with no prior results. (SIR 24365) (SCC 960400957)

A system error no longer occurs for the following conditions:

a) A common result has been entered using the Quality Control Add/Edit (QCE) option (and no other valid number entries) and the control was plotted.

b) A valid numeric result was entered for the new control, the result was deleted using the Exclude QC Results from QC

Calculations (XQC) and the control was plotted.

c) A quality control as entered for a lab test with a Free Text result type, a negative number was entered using the Quality Control Add/Edit (QCE) option, and the control was plotted. (SIR 27216)

LLM Laboratory Management Support Menu
[[SEARCH:Lab Result Audit Trail
[:K:Lab Result Audit Trail
LRA Lab Result Audit Trail

The system no longer displays a "-1" in the Initial field and RNR field when these fields have a null value. These fields are now left blank if they have no values. (SIR 24691)

WRM Workload Report Menu
[[SEARCH:Manual Edit of Workload Data
[:K:Manual Edit of Workload Data
MEC Manual Edit of Workload Data

Users at non-CPT sites no longer receive the prompt, "Enter CPT Code" after editing workload data. The system now correctly displays the "Requesting Location" prompt for CAP sites. The system no longer displays an error message when you enter "Q" for "QC" for the second edit. (SIR 24127) (SCC 960200100)

WRM Workload Report Menu
[[SEARCH:Workload Statistics Comparison Report
[:K:Workload Statistics Comparison Report
SCR Workload Statistics Comparison Report

All workload is now collected for the second date range entered, regardless of the Lab Work Element selected.

When the workload value for the first date range is equal to "0", the difference calculated for the percent increase or decrease is now correctly displayed by a dash (-) on the report.

The percent (%) symbol no longer displays after the number in the "% increase or decrease" fields.

Decimal places now display consistently for all statistics.

When one or both date ranges encompass a single day, the graph now displays a correct zero point.

Column alignment now displays correctly on the report.

The system now displays the correct prompt when a caret (^) is entered at the "Report to include 'S'tat vs. Routine or 'A'll Categories? A//" prompt.

You may now press <Return> one time to display workload for a different Lab Work Element. (SIR 24321)

The system previously displayed the incorrect modifier for Copath AP accessions on the report. The system now displays the correct modifier, 00, on the report. The system also incorrectly displayed the CPT codes and modifiers under the Referral Patient column. The system now displays this information under the Inpatients and/or Outpatients columns. (SIR 26399) (SCC 970496399)

WRM Workload Report Menu
[[SEARCH:Workload Statistics Summary Report
[:K:Workload Statistics Summary Report
SRR Workload Statistics Summary Report

The system now queues both CAP and CPT report information when printing the Workload Statistics Summary Report at a later time. (SIR 24634) (SCC 960300442)

A system error no longer occurs when printing the Workload Statistics Summary Report which contains tests with interpretations in the results. (SIR 25393) (SCC 970500382)

RES Results Entry Support Menu
[[SEARCH:Abnormal, Critical and Delta Result Report
[:K:Abnormal, Critical and Delta Result Report
ACR Abnormal, Critical and Delta Result Report

Previously, when two tests were ordered and resulted on a patient and the second test was ordered and resulted again, causing a delta check, the system printed an error message when the performing the delta checks. The system no longer prints an error message. (SIR 26980) (SCC 970700741)

RES Results Entry Support Menu
[[SEARCH:Abnormal/Critical Results by Test Report
[:K:Abnormal/Critical Results by Test Report
ACT Abnormal/Critical Results by Test Report

Currently, the laboratory system provides a Critical Results Report as as sub-option of the LAB Abnormal, Critical and Delta Result Report (ACR) option. Critical and abnormal results reported via the ACR

option are test results which fall outside of specified ranges (numeric tests) or are separately designated (set of codes tests) by a qualified lab user. A new option, Abnormal/Critical Results by Test Report (ACT), has been added to allow the user to select either abnormal or critical results by test, for review. The report sorts by the user's current Work Element. (LAB UDF 091650)

RES Results Entry Support Menu
[[SEARCH:Deleted, Added, Amended, Changed Tests Report
[:K:Deleted, Added, Amended, Changed Tests Report
DAC Deleted, Added, Amended, Changed Tests Report

Previously, when the Amended portion of the report printed, the system incorrectly included an accession for both the date it was amended and the date it was certified. The accession incorrectly displayed twice on the report. The system now displays the accession once, using the amended date. It is recommended that you print the Amended portion of the report before loading the Version 4.6 software, to ensure all previously amended accessions are included on the report. Only accessions amended after the SIR is loaded will appear on the report. (SIR 27324)

Previously, when a test result was amended to a Common Result, the result did not print on the Amended portion of the report. The system now prints tests that were amended to a Common Result on the Amended portion of the report. (SIR 27675) (SCC 980397675)

RES Results Entry Support Menu
[[SEARCH:Overdue Procedure Report
[:K:Overdue Procedure Report
OPR Overdue Procedure Report

The system now prints overdue CoPath accessions for the Bone Marrow, Cytolology Gyn, Cytology Non-gyn and Surgical Pathology accession areas on the Overdue Procedure Report. (SIR 26384)

RES Results Entry Support Menu
[[SEARCH:Pending List
[:K:Pending List
PLL Pending List

Previously, the system displayed only blood bank accessions with a status of Pending on the Pending List. The system now displays all blood bank accessions on the Pending List regardless of the status. (SIR 25338)

RES Results Entry Support Menu

[[SEARCH:Results Turnaround Time Report
[:K:Results Turnaround Time Report
TAT Results Turnaround Time Report

A new option, Results Turnaround Time Report (TAT), has been added to allow the user to generate a report that displays the elapsed turnaround time of a lab test. Turnaround time is defined as the time elapsed from the time a lab test is logged-in to the time the result is certified. The user may request the report by accession area or by specific accession number. (LAB UDF 091301)

ICM Infection Control Menu
[[SEARCH:Micro Sensitivity Comparison Report
[:K:Micro Sensitivity Comparison Report
MCR Micro Sensitivity Comparison Report

The system now prints the Micro Sensitivity Comparison Report if the value of "Both" (print both inpatients and outpatients) is entered at the "Select Location to Print" prompt. (SIR 24597) (SCC 960301486)

LLM Laboratory Management Support Menu
[[SEARCH:Order Approval by Pathologist or Lab Manager
[:K:Order Approval by Pathologist or Lab Manager
OAP Order Approval by Pathologist or Lab Manager

Previously, when a lab test was ordered that required pathologist approval, the system did not send the bulletin to the ordering HCP and incorrectly sent the bulletin to the user ordering the test. The system now correctly sends the bulletin to the appropriate users. (SIR 23636)

A system error no longer occurs in the background when a non-blood bank test which requires pathology approval is approved through this option. (SIR 26266)

Previously, when a lab test was ordered and required approval, but no entry was made in the Approving HCP field, the mail bulletin may not have been sent. For any lab test requiring approval, the system now sends the mail bulletin to the name selected at the "Approval Requested From" prompt and to all users listed in the Lab Test Authorization field in the Lab Division file for the division where the order is being placed.

If the authorizing person entered at the "Approval Requested From"

prompt is from a different division than where the test is being ordered, the system sends the mail bulletin to that person and to the users listed in the Lab Test Authorization file for the ordering division.

If no name is entered at the "Approval Requested From" prompt, the system sends the mail bulletin to all users listed in the Lab Test Authorization file for the ordering division. (SIR 27449)

QCM Quality Control Menu
[[SEARCH:Quality Control Add/Edit
[:K:Quality Control Add/Edit
CAE Quality Control Add/Edit

Previously, when entering new controls and entering decimals for the control mean, the system rounded off the decimals to whole numbers. The system now allows decimals by adding a new field, Decimal Places, in the Quality Control Add/Edit option. Allowable entries in this field include numbers from 0 to 4. The system default is 5. (SIR 25115) (SCC 960600941)

QCM Quality Control Menu
[[SEARCH:Quality Control Report
[:K:Quality Control Report
QCR Quality Control Report

The system now allows you to sort the Quality Control Report by quality control within a lab section. The system prompts you first for a lab section and then for the quality control name. (LAB UDF 091701)

WRM Workload Report Menu
[[SEARCH:Workload Statistics Detail Report
[:K:Workload Statistics Detail Report
SDR Workload Statistics Detail Report

The system now prints a cover page that includes the approved AMA licensing text for all printed reports that display CPT codes. (SCR 97-4292)

WRM Workload Report Menu
[[SEARCH:TPC Ancillary CPT Report
[:K:TPC Ancillary CPT Report
TPC TPC Ancillary CPT Report

The system now prints a cover page that includes the approved AMA licensing text for all printed reports that display CPT codes. (SCR 97-4292)

SRM Supervisory Review Menu
[[SEARCH:Supervisory Review Enter/Edit
[:K:Supervisory Review Enter/Edit
  SRE Supervisory Review Enter/Edit

  A new option, Supervisory Review Enter/Edit (SRE), has been added to allow you to document online that patient test results have been reviewed. (LAB UDF 091350)

SRM Supervisory Review Menu
[[SEARCH:Supervisory Review Print
[:K:Supervisory Review print
  SRP Supervisory Review Print

  A new option, Supervisory Review Print (SRP), has been added to allow you to print a report that displays the supervisor's documentation of review of test results by accession area(s) on the date of the Specimen Master Log. (LAB UDF 091350)

WRM Workload Report Menu
[[SEARCH:TPC Ancillary CPT Report
[:K:TPC Ancillary CPT Report
  TPC TPC Ancillary CPT Report

  The TPC Ancillary CPT Report no longer includes duplicate counts. (SIR 25850) (SCC 970100027)

LMM Laboratory MEPRS Report Menu
[[SEARCH:Division MEPRS Report
[:K:Division MEPRS Report
  DMR Division MEPRS Report

  The business rules for tracking and reporting the FC MEPRS codes have been modified. The Lab MEPRS Detail Report has been modified to accommodate the business rules defined below.

  FCC Reporting

  If a request is received from an outside provider (the MEPRS code of the requesting location begins with FCC), the workload data is reported under FCC

  For WAM, all FCC is grouped under the FCC code associated with the Requesting Division for the report.

  For CHCS MEPRS Reports (Laboratory, Radiology, Pharmacy), reporting FCC data has not changed.

  FCD Reporting

If the Group DMIS ID code assigned to the division of the Requesting Location is NOT the same as the Group DMIS ID code associated with the division of the Performing Location, workload is reported under the grouping of FCD*, EXCEPT if the workload qualified for FCC reporting (MEPRS code of the requesting location begins with FCC).

Note that workload requested and performed by different divisions within the same Group DMIS ID is NOT reported under the FCD* grouping, but only under the actual MEPRS code of the requesting/performing location.

For WAM, all FCD data is grouped and reported under the FCD code assigned to the Requesting Division for the report.

For CHCS MEPRS Reports (Laboratory, Radiology, Pharmacy), the qualifying workload is reported under the FCD* grouping, with the MEPRS code of the detail data indicating the actual requesting MEPRS.

Previously, the Lab Detail MEPRS Report displayed workload under the FCD code from a requesting location in a different division from the performing division, where both divisions are in the same Group. The system now displays this workload under the MEPRS code of the requesting location. (SIR 25628) (SCC 960900495)

The system now prints a cover page that includes the approved AMA licensed text for all printed reports that display CPT codes. (SCR 97-4292)

LMM Laboratory MEPRS Report Menu
[[SEARCH:Group MEPRS Report
[:K:Group MEPRS Report
GMR Group MEPRS Report

The business rules for tracking and reporting the FC MEPRS codes have been modified. The Group MEPRS Report has been modified to accommodate the business rules as defined below.

FCC Reporting

If a request is received from an outside provider (the MEPRS code of the requesting location begins with FCC), the workload data is reported under FCC.

For WAM, all FCC data is grouped under the FCC code associated with the Requesting Division for the report.

For CHCS MEPRS Reports (Laboratory, Radiology, Pharmacy), the reporting of FCC data has not changed.

FCD Reporting

If the Group DMIS ID code assigned to the division of the Requesting Location is NOT the same as the Group DMIS ID code associated with the division of the performing location, workload is reported under the grouping of FCD* EXCEPT if the workload qualified for FCC reporting (MEPRS code of the requesting location begins with FCC).

Workload requested and performed by different divisions within the same Group DMIS ID is not reported under the FCD* grouping, but only under the actual MEPRS code of the requesting/performing location.

For WAM, all FCD data is grouped and reported under the FCD code assigned to the Requesting Division for the report.

For CHCS MEPRS Reports (Laboratory, Radiology, Pharmacy), the qualifying workload is reported under the FCD* grouping, with the MEPRS code of the detail data indicating the actual requesting MEPRS.

Previously, the Lab Group MEPRS Report displayed under the FCD* MEPRS code, the workload from an outside provider location associated with a different division/group from that of the performing division/group. The system now displays this information under the FCC code. (SIR 25668) (SCC 960995688)

The Laboratory FCD workload now displays on the WAM Lab Workload Report. (SIR 25124) (SCC 9600695124)

The business rules for reporting workload for FC MEPRS codes have been modified. These include:

If a provider is a CHAMPUS provider type (outside provider), the MEPRS code of the requesting location is always an FCC MEPRS code regardless of performing location.

If a provider is NOT an outside provider and the group DMIS ID of the requesting location is NOT equal to the group DMIS IS of the performing location, the appropriate FCD MEPRS code is returned to the Patient Administration (PAD) functionality for reporting.

The FCC MEPRS codes are those codes assigned to CHAMPUS Beneficiary Support, such as an outside provider who places a lab order for a patient at a military site. The lab order is assigned an FCC code and displays under a FCC grouping for the WAM report.

The FCD MEPRS codes are those codes assigned to lab orders that are ordered by a requesting site with a different Group ID than the

performing site, when both sites are military sites.

Previously, the WAM report displayed under the FCD MEPRS code, the workload from an outside provider to a requesting location associated with a different division/Group ID from that of the performing division/Group ID. The information is displays under the FCC code. (SIR 25619) (SCC 960900229)

BLE Barcode Label Add/Edit Menu
[[SEARCH:Label Design File Add/Edit
[:K:Label Design File Add/Edit
LFF Label Design File Add/Edit

For those sites that use the DBSS/CHCS interface, order entry fields for blood bank tests may be selected to print on the laboratory labels. (SCR 96-4023)

IIA Instrument Interface Add/Edit Menu
[[SEARCH:Auto Instrument Add/Edit
[:K:Auto Instrument Add/Edit
AIE Auto Instrument Add/Edit

The Auto Instrument Add/Edit option now allows you to enter information concerning the DII. Information includes the DII instrument interface name, error codes, error actions, and user-definable error messages. The error codes that display in this file represent the exact string of characters as provided by Data Innovations, Incorporated. The error codes represent a specific error condition for the instrument.
(LAB UDF 100951)

IIA Instrument Interface Add/Edit Menu
[[SEARCH:Lab System Interface Add/Edit
[:K:Lab System Interface Add/Edit
LIE Lab System Interface Add/Edit

The Lab System Interface Add/Edit option now allows you to enter information concerning DII parameters. The three new fields include, DII Inbound process, DII Outbound process, and DII error mail group. (LAB UDF 100951)

LSA Laboratory Setup Add/Edit
[[SEARCH:Lab Host Platform Parameters Edit
[:K:Lab Host Platform Parameters Edit
LHP Lab Host Platform Parameters Edit

A new option, Lab Host Platform Parameters Edit, allows you to edit information in the Lab Host Platform Parameters file. This information includes the names of sensitive results POCs and blood type bulletin recipients. The Lab Host Platform Parameters file has replaced

the Lab MTF file. (LAB UDF 091076)

This option allows you to enter the CHCS blood type test name for use in entering patient blood type test results. (LAB UDF 093001)

LSA Laboratory Setup Add/Edit Menu
[[SEARCH:Lab Work Element Add/Edit
[:K:Lab Work Element Add/Edit
LWE Lab Work Element Add/Edit

Lab functionality has been modified to allow sites, at the work element level, to activate CHCS SNOMED autoencoding during AP result entry. A new field in the Lab Work Element, SNOMED Autoencoding, allows users to selectively activate or inactivate SNOMED autoencoding for each work element. Individual SNOMED codes cannot be inactivated.

During result entry, if SNOMED autoencoding is inactive for a work element, a message displays before the prompt to review SNOMED codes that autoencoding is inactive. SNOMED codes can still be entered manually by entering Yes at the prompt to review SNOMED codes. Actions provided during SNOMED code review that are specific to autoencoding will not display if autoencoding is inactive.

This functionality only applies to sites using CHCS Anatomic Pathology. (LAB UDF 091061)

LTA Lab Test Add/Edit Menu
[[SEARCH:Keyboard ID Add/Edit
[:K:Keyboard ID Add/Edit
KEY Keyboard ID Add/Edit

The system no longer prints an error message when deleting an existing laboratory test from the Lab Keyboard ID file. (SIR 27484)

LTA Lab Test Add/Edit Menu
[[SEARCH:Lab Test Add/Edit
[:K:Lab Test Add/Edit
LTE Lab Test Add/Edit

The system no longer displays the "CPT Code" field when entering panel test information for CAP sites. (SIR 24835)

The system no longer allows multiple CoPath case types to be assigned to lab tests. (SIR 26389) (SCC 970496389)

The system now allows more than one CoPath case type to be assigned to a CHCS accession area. (SIR 26307)

Previously, when entering information for a microbiology test, and a YES was entered in the QC Only field, the system did not allow Lab Method information to be entered. The system now displays Lab Method fields when YES is entered in the QC Only field. (SIR 25614).

The system no longer allows a fractional year entry above one year in the Upper Limit field for age range. Previously, the system allowed a fractional year entry in this field, but did not print the correct information. If a fractional year entry was made in this field, the system printed only the reference range for one year. The help text for the Upper Limit field has been enhanced to include this information. (SIR 25844)

The system no longer prints an error message when deleting a lab method from a lab test. (SIR 26742)

The system allows you to enter a blood type test the results of which are stored in the Patient file. This blood type test must be designated as the CHCS Blood Type Test. This test and its synonyms may be named anything except ABO/RH to avoid any tests specific to DBSS. The result type for this test must be SET OF CODES. The result codes must be in the format of A POS. The expansion for the code may be set to any string you choose. (LAB UDF 093001)

MIA Microbiology Add/Edit Menu
[[SEARCH:Antibiotic Susceptibility Add/Edit
[:K:Antibiotic Susceptibility Add/Edit
ASE Antibiotic Susceptibility Add/Edit

The system now allows you to enter a maximum of 10 characters in the "Result" field for MIC results. This change corrects a problem when using the Transfer Auto Instrument Results (TAR) option and the Enter/Review/Certify Results by Accession (ERA) option. Previously, when an MIC result was transferred, and the result was greater than 8 characters, the system displayed a warning. During result entry using the ERA option, users could only enter up to 5 characters to display a picklist of MIC results. (This SIR also affects the displays on the following reports:

IR Interim Report
PLI Lab Inquiry Report
DCR Daily Cumulative Report
DRC Doctors Cumulative Report
PCR Reprint the Cumulative
PEC Patient Episode Cumulative Report

RPR Reprint Lab Referral Report
REF Lab Referral Report
RRR Reprint Referral Report for Sensitive Results
SRS Sensitive Result Report
RRS Referral Report for Sensitive Results
RSR Reprint Sensitive Result Report
RRA Review Results by Accession
SLG Specimen Master Log
ALG Activity Master Log.) (SIR 23827) (SCC 951101133)).

III Instrument Interface Inquiry Options
[[SEARCH:Auto Instrument Inquiry
[:K:Auto Instrument Inquiry
AII Auto Instrument Inquiry

The Auto Instrument Inquiry option now includes information specific to the DII. Added information includes the DII instrument name, error codes, error actions and user-definable error messages. (LAB UDF 100951)

III Instrument Interface Inquiry Options
[[SEARCH:Lab System Interface Inquiry
[:K:Lab System Interface Inquiry
LII Lab System Interface Inquiry

The Lab System Interface Inquiry option now includes information specific to the DII. Information includes the DII Inbound process, DII Outbound process, and DII error mail group. (LAB UDF 100951)

III Instrument Interface Inquiry Options
[[SEARCH:DII Error Initialization Inquiry
[:K:DII Error Initialization Inquiry
DEQ DII Error Initialization Inquiry

The DII Error Initialization Inquiry option is a new option which allows you to display the error codes and error text associated with each auto instrument as defined in the DII Error Initialization file. (LAB UDF 100951)

LSO Laboratory Setup Inquiry Options
[[SEARCH:Lab Host Platform Parameters Inquiry
[:K:Lab Host Platform Parameters Inquiry
HPI Lab Host Platform Parameters Inquiry

A new option, Lab Host Platform Parameters Inquiry, has been added to allow you to display or print information in the Lab Host Platform Parameters file. This information includes sensitive results POCs and blood type bulletin recipients. (LAB UDF 091076)

This option displays or prints the CHCS blood type test name.

(LAB UDF 093001)

IIP Instrument Interface Print Menu
[[SEARCH:Auto Instrument Print
[:K:Auto Instrument Print
AIP Auto Instrument Print

The Auto Instrument Print option now prints information specific to DII. Added information includes the DII instrument name, error codes, error actions and user-definable error messages. (LAB UDF 100951)

IIP Instrument Interface Print Menu
[[SEARCH:DII Error Initialization File Print
[:K:DII Error Initialization File Print
DEP DII Error Initialization File Print

The DII Error Initialization File Print option is a new option which allows you to print or display the error codes and error text associated with each auto instrument as defined in the DII Error Initialization file. (LAB UDF 100951)

LAH Ad Hoc Report Generation Menu
[[SEARCH:Print File Entries
[:K:Print File Entries
LAH Print File Entries

The description for the Accession Name and Current Accession Name fields in the Accession file have been updated to include information for generating ad hoc reports which include post year 2000 information.
The description text includes the following:

When ad hoc lab reports using the ACCESSION NAME or the CURRENT ACCESSION NAME are requested for accession dates that overlap from prior to the year 2000 and into the year 2000, it is recommended that separate reports be generated for accessions with dates prior to year 2000 and accessions with dates post year 2000. (SIR 25655)

[[SEARCH:Miscellaneous SIRS
[:K:Miscellaneous SIRS

Miscellaneous SIRS

CLN Clinical System Menu
PHY Physician Menu
RCR Review Clinical Results and Orders Menu
FLO Flowsheets

A system error no longer occurs when generating flowsheets for

patients who have had a cancelled accession during the time period designated for the flowchart. The error was caused by a missing accession number from the accession file. (This SIR also affects the following options:

GPH Graph Results
IOD Individual Order Display/Results.) (SIR 24472) (SCC 951200338)

[[SEARCH:DBSS
[:K:DBSS

DBSS

The system now correctly captures the CPT codes for blood bank tests. (SIR 25336) (SCC 960795336)

An error message no longer occurs if the incoming DBSS result message received does not contain an OBX segment with results. (SIR 26119) (SCC 970100475)

CHCS software represents midnight as a value of T@2400. The DBSS system represents midnight as a value of 0000. Because the DBSS system will not accept HL7 messages with a date/time field that contains a time of 2400, the order is unavailable for resulting on DBSS. The system now converts any time fields that contain the date/time of T@2400 to a date/time of T+1@0001 which represents the functional equivalent of "today at midnight", for any outgoing HL7 DBSS accession messages. (SIR 26302) (SCC 960900475)

Previously, when an HL7 message was transmitted from DBSS and resulted in an error status on CHCS and an exception is logged in the Generic Interface System (GIS), the patient accession became inaccessible for subsequent message processing. The message "Unable to Lock Patient in File 63" is categorized as a fatal error. The system now processes this error as a non-fatal error to allow the GIS to automatically requeue messages when a non-fatal error is received. (SIR 25557)
(SCC 961001187)

Previously, when more than one result was entered and verified on DBSS in the same session, the system updated the DBSS data base but may not always have updated the status in the segments of the HL7 message triggered to CHCS. The status displayed as Complete on DBSS but the status displayed as Incomplete on CHCS. The CHCS order task was not always being updated to a status of Complete. The software now updates the order task correctly when HL7 messages are received from DBSS. (SIR 25904)

Previously, the system did not include the negative results for Antibody Screen tests in the HL7 messages sent to Clinicomp,

MHCMIS,
and CIW. This caused the three systems to reject the messages.
The
system now includes results for Antibody Screen tests in the HL7
messages. (SIR 28048) (SCC 980398048)

[[SEARCH:CPT
[:K:CPT

CPT

An error message no longer occurs when the system purges CPT workload after 25 months. (SIR 25452)

Previously, when a DBSS panel test was resulted, and the CPT codes were collected for the panel, and one of the tests on the panel was amended, the system incorrectly collected the CPT code for that individual test. The system now collects the CPT codes only at the time of resulting. (SIR 26028) (SCC 970100385)

Laboratory result HL7 messages have been modified to include CPT workload data to support the Corporate Executive Information System (CEIS). CPT codes and modifiers are now included on all anatomic pathology, blood bank, clinical chemistry and microbiology result messages. (SIR 25964) (SCC 961200681)

[[SEARCH:APCOTS
[:K:APCOTS

APCOTS

Previously, when the collection time was missing the CHCS accession file for CoPath accessioned orders, the system would not allow the accession to be resulted and filed, and displayed an error message. This problem occurred when the site had activated the CHCS/CoPath interface without installing an order entry QF 24074, which restored the field for the collection time to an input template. The CHCS result entry software has been modified to update the collection time for the accession from the result message in cases where the collection time for the accession was not filed. (SIR 26269) (SCC 970100203)

CHCS users who use offboard systems (DBSS and APCOTS) must have an entry in the "Initials" field in the CHCS User file. If the CHCS user does not have this entry, the GIS attempts to prompt the user to add initials to the CHCS User file. Since all of the message processing is performed in the background, there is no user input. Although, the "Initials" field is not a required field, it is mandatory for entering lab orders. (SIR 26336) (SCC 970400019)

Previously, when a user placed an order on CHCS which was accessioned on CoPath, CoPath did not prevent the user from selecting a prefix not designated for that site. If an incorrect prefix was selected on CoPath, CHCS assigned an accession area based on the CoPath Prefix and Case Type designated in the HL7 accession message. The accession area assigned for a test actually belonged to another division not designated for that AP test. The following business rules apply:

If a CoPath Prefix is assigned to a CHCS order during specimen accessioning on CoPath not defined in the CHCS accession area for the test in the Lab Test file, an exception message is generated.

If the CoPath Prefix is assigned correctly on CoPath for a CHCS order as defined for the accession area in the CHCS Lab Test file, but the case type assigned is not defined in the CHCS Lab Test file for that AP test, an exception message is generated.

If an accession area and CoPath Case Type have not been designated for an AP test in the CHCS Lab Test file, generate an exception message if the CHCS order for the test is accessioned on CoPath with any Prefix and Case Type.

If the accession area and associated CoPath Prefix and Case Type have been changed for a CHCS AP test after the CHCS order has been accessioned, continue to use the original accession area/number assigned to the order. The exception message reads, "The CoPath Prefix and Case Type are not designated for this lab test." (SIR 26500)

(SCC 970496500)

Previously, when addendums were attached to result reports before the results were signed out (certified) on CoPath, the result message was transmitted from CoPath to CHCS with an amended status. The results were filed on CHCS but the accession status remained pending and the results were not accessible. The system now processes these accessions correctly. (SIR 25519) (SCC 960200608)

Previously, when a result for a CoPath accession was transmitted to CHCS, and a modification was made to a field (e.g., Clinical History) entered originally for the accessioned order, the result message was received on CHCS and the software attempted to modify the the order before the results were filed. This resulted in the exception message, ACCESSIONS ON WORK DOCUMENTS CANNOT BE MODIFIED The results were not filed for the accession until the work document was unloaded and the result message retransmitted. The system now allows results for accessions on work documents to be filed even if

a modification is made to the order. (SIR 26338)

Previously, if the message received by the Generic Interface System (GIS) was too large, an error message indicated an allocation failure.
The system can now handle large messages sent to the GIS. (SIR 27181)
(SCC 980297181)

[[SEARCH:REQUIRED COMMENT
[:K:REQUIRED COMMENT

REQUIRED COMMENT:Urine Volume

Previously, if a lab test was ordered which included the required comment, URINE VOLUME, and the user entered 0 (zero) or pressed <Return>, the system would print miscellaneous characters in the Required Comment field on various reports. The system now allows you to enter a value of 0 (zero) or press <Return> at this field. (SIR 25793) (SCC 961195793)

Previously, if a lab test was ordered which included the required comment, URINE VOLUME, the system would calculate the urine volume as a total of 17, regardless of what the user entered in the field.
The number 17 displayed is part of the MUMPS code which is being displayed rather than executed. The system now displays the user entered value in the Required Comment field. (This SIR affects the following options:

PLI Patient Lab Inquiry
ERA Enter/Review/Certify Results by Accession
PEC Patient Episode Cumulative Report
DCR Daily Cumulative Report.) (SIR 15682) (SCC 960400002)

REQUIRED COMMENT:Source or Victim

When a Blood Borne Pathogen Exposure text is ordered, the system now prompts the user to indicate whether the patient is a "victim" or is the "source". This information tracks the test results when a healthcare worker may have been exposed to a Blood Borne Pathogen, through a needle stick or other puncture wound. (SIR 26503)
(SCC 970200126)

[[SEARCH:LAB ACCUMULATOR
[:K:LAB ACCUMULATOR

LAB ACCUMULATOR

The Laboratory accumulator that runs daily to sort lab test results which are printed on the Discharge/Final Cumulative Report now processes more efficiently. (SIR 26578) (SCC 970400252)

[[SEARCH:Clinicomp
[:K:Clinicomp

The Laboratory software has been modified to allow CPT code descriptions that contain an ampersand (&) to be sent to and accepted by the Clinicomp System. (SIR 27088) (SCC 970997088)

[[SEARCH:OTHER
[:K:OTHER

OTHER

Modifications have been made to a routine that creates secondary test orders based on the results entered for the primary test. These modifications do not affect the user interface. (SIR 23202)

Modifications have been made to routines that prevent inadvertent deletion of some lab files. (SIR 23935)

The Cancellation Comment field in the Accession Area was previously marked for deletion. This field is still available. (SIR 22006)

This SIR removes a programming command used during the secondary order functionality that does not meet the coding standards. (SIR 23202)

[[SEARCH:MICRO QC
[:K:MICRO QC

MICRO QC

The following Microbiology Quality Control issues have been corrected:

The Microbiology quality control accession numbers now roll over when they are scheduled. (This SIR also affects the following options:

RRA Review Results by Accession
Microbiology quality control result information displays.

RCA Certify Results by Accession
Microbiology quality control result information for certification displays.

XQC Exclude QC Results from QC Calculations
Microbiology quality control result information displays.

AMR Amend Results
Microbiology quality control result information displays.

BRE Batch Result Entry
A system error no longer occurs when attempting to enter results for Microbiology quality controls.

ALG Activity Master Log
Microbiology quality control results now display with the correct status.

SLG Specimen Master Log
Microbiology quality control results now display on this report.)
(SIR 25613) (SCC 960700882)

3. SUBSYSTEMS AFFECTED BY THIS RELEASE

The following release notes are being distributed for this software release:

CLN, DBA, DTS, FQA, LAB, MCP, MSA/TPC, PAD (INCLUDING MASCAL), PAS, PHR, RAD, R/IT, TOL, and WAM.

Note: LIMAR is briefly addressed in the LAB Release Notes, but is addressed in more detail under TOOLS (TOL).

RELEASE NOTES: CHCS 4.6 - LIMAR

This release contains changes to existing software resulting from SIRs.

Release notes are included in the OLUM and transmitted via separate messages by system or subsystem for each software version.

1. SPECIAL CONCERNS

Site Operations Personnel: Be sure to read the CHCS Installation Guide for any further software installation concerns.

2. DIFFERENCES FROM PREVIOUS SOFTWARE RELEASE

Previously, when processing HL7 messages from the DII LSI, if any of the

instruments did not have the LSI or LSI Port fields defined in the Auto Instrument file, the system displayed a Null Subscript error. This error prevented samples to be processed by TAR from the instrument. The system now displays the message, "No LSI Port defined for this instrument." (SIR 23799)

Previously, if a user TARd Controls or Calibrators without defining them in the Auto Instrument file, the system displayed an error message. The system now displays the warning message, "Control (xxx) not defined in the Auto Instrument file, Contact System Manager." (SIR 24454) (SCC 960500864)

When TARing results from DII and certain laboratory instruments, the system did not recognize results that contained a decimal point or trailing zeros. Therefore, it did not compare the result against the reference range in the Lab Method for that test. If the result was abnormal, the user did not see the High, Low, and Critical alert flags for that result. The system now transfers these results correctly. (SIR 27184) (SCC 970900734)

Device Interfaces:

Abbott AXSYM:

This interface has been modified to allow multiple dilution factors in the Test ID. (SIR 25990) (SCC 960900183)

Abbott Cell Dyn 3500:

Previously, when transferring results data, the system displayed the error message "RBC Metering fault: flow error." The problem was not the cause of the instrument transmitting the error but due to the driver reading the wrong flag position in the data. The system now displays the correct error message. (SIR 25625) (SCC 96060155)

Abbott FPC:

The driver for the Abbott FPC auto instrument has been modified to accommodate the requirements of the Abbott FPC Version 2.5 software. (SIR 27355) (SCC 971297355)

ASM Standard Driver:

When the system was TARing results from the ASTM Standard Driver, an error message displayed when a secondary order was triggered for an accession. The system now processes accessions with secondary

orders.
(SIR 28094) (SCC 980398094)

Beckman CX-5:

An error message no longer occurs when result data is transferred and there are intermittent nodes of data. The system now prints the warning message, "Incomplete data encountered, results not filed for accession nnn." (SIR 25240) (SCC 960601290)

Beckman CX-7:

The host query functionality has been added to the Beckman CX-7 drivers. (SIR 25782) (SCC 961195782)

The system no longer prints an error message when the Beckman CS-7 is in barcode mode and the cup number is greater than 7 or the tray number is greater than 60. (SIR 25731) (SCC 960901117)

Hitachi 917:

A new bi-directional and uni-directional driver has been created to support the Hitachi 917. (SIR 26711) (SCC 970596711)

IL 1312:

When the system was TARing results from the IL 1312, an error message displayed if the Auto Instrument file did not contain a valid sample ID. The system now transfers the results correctly. (SIR 26107) (SCC 961200114)

Iris 500:

The driver for the Iris 500 has been updated with a new starting and filing condition. (SIR 26097) (SCC 961200875)

Koagulab:

When TARing results from the Koagulab, the system no longer incorrectly displays the message, "Result must be numeric." The system now completes the transfer correctly. (SIR 27048) (SCC 970700446)

MLA 1400C:

The system now processes all results from the MLA 1400C when the Transfer Auto Instrument Results (TAR) option is used. (SIR 27474)

(SCC 970500705)

SYSMEX:

When the system was TARing results from the SYSMEX, an error message displayed if a test in the CBC panel was ordered but was missing from the Auto Instrument file. Because the test was missing from the Auto Instrument file, the tests following the missing test were out of sequence. The system now transfers the results correctly.

In addition, when the system was TARing results from the SYSMEX, an error message displayed for those quality control samples that were flagged as "abnormal." The system now transfers these results correctly. (SIR 27061) (SCC 970800086)

Syva ETS Plus:

Previously, the Syva ETS Plus driver received the wrong sample ID if there were Tray data in the data stream. This occurred only if the user selected the PRINT SAMPLE TRAY option on the instrument. The driver has been modified to extract the sample IDs correctly. (SIR 25570) (SCC 960800704)

3. NEW DEVELOPMENT

New Instrument Interfaces Completed:

Becton Dickenson Bactec 9000 (SIR 21564) (SCC 950301157)
IMPACT Data Management System (SIR 20690) (SCC 941100153)
Iris 900 UDX (SIR 27092) (SCC 970997092)

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